

Payment Voucher

File Finance Payment Voucher Form Rev. 8/04



Date:

Due Date:

Payee:

Address:

Purpose:

Description (Invoice #/Account #)	GL Account #	Amount	Job#
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
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		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Total Paid		\$	

Payment Authorized By:

Finance Director:

***Disbursement requests are
to be submitted One Week
in advance of payment date.**

2100 Agler Road
P. O. Box 247198
Columbus, Ohio 43224

Ph (614) 471-9673
Fx (614) 471-7665
rhemachristiancenter.com